United Nations E/ICEF/2000/P/L.12

Economic and Social Council

Distr.: Limited
8 November 1999

Original: English

United Nations Children's Fund
Executive Board
First regular session 2000
31 January-4 February 2000
Item 8 of the provisional agenda*

For information

Country note**

Myanmar

Summary

The Executive Director presents the country note for Myanmar for a programme of cooperation for the period 2001 to 2005.

The situation of children and women

1. Myanmar's population is estimated at 48 million, with 21 million children under 18 years old and 13 million women of child-bearing age. Myanmar is classified as a least developed country, with a per capita gross domestic product (GDP) of $258. National expenditure on health and education combined was below 1.5 per cent of total GDP in 1997/98. On average, families spend 70 per cent of their income on food.

2. Since ratifying the Convention on the Rights of the Child in 1991, Myanmar has initiated a number of actions towards its progressive implementation, although circumstances have inhibited the full realization of the rights of children to life, survival, development and protection. While many development indicators improved during the 1990s, major problems still exist, especially for children and women living in undeserved rural, remote and peri-urban areas. Among the 10 members of the Association of Southeast Asian Nations, Myanmar ranks in the lower half on the Human Development Index.

3. Of the 1.3 million children born every year, approximately 92,500 die before they reach their first birthday, and 138,000 children die before the age of five years, mainly from pneumonia, diarrhoea and malaria, compounded by malnutrition. According to the 1997 multiple indicator cluster survey, 39 per cent of children under five years old are either moderately or severely malnourished (weight-for-age). Official data indicate that 23 per cent of newborns have low birth weight. Estimates of maternal mortality vary from 100 to 580 per 100,000 live births. Immediate causes are obstructed labour,

* E/ICEF/2000/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its second regular session of 2000.

99-33757 (E) 081299

haemorrhage, sepsis, eclampsia and abortion, as well as insufficient access to emergency obstetric care.

4. The HIV/AIDS epidemic began in the eastern parts of the country among the higher-risk and migrant populations of border areas. Now appearing in all the different social classes as well as in high-risk behaviour groups in all parts of the country, it is starting to spread into the low-risk population groups. By the end of June 1999, the cumulative total of officially confirmed HIV-positive cases was 23,669; the cumulative number of reported AIDS cases was 3,195; and cumulative deaths due to AIDS totalled 1,178. However, estimates by the Joint and Co-sponsored United Nations Programme on HIV/AIDS (UNAIDS)/World Health Organization indicate that the number of people living with HIV in late 1997 was around 440,000, among the highest infection rate in South-East Asia.

5. About 1.3 million children aged five to nine years do not attend school owing to, *inter alia*, an inadequate learning environment, the financial situation of families, working obligations of children and/or their need to care for siblings. About 75 per cent of boys and girls of primary school age enrol in school. Less than 50 per cent of children entering kindergarten complete the final year of primary school. Declining resources have reduced the availability of teaching aids and textbooks and have contributed to understaffing and overcrowding. Parents and communities bear a significant proportion of recurrent costs for school maintenance. The early childhood development programme failed to reach the target of 25 per cent enrolment of pre-school children.

6. Data are limited on children in need of special protection, including those living on the street, orphaned or abandoned, destitute or in conflict with the law. Although the Department of Social Welfare and non-governmental organizations (NGOs) run some prevention and protection programmes for children at risk in major cities, they are insufficient to meet the needs. Young women and girls who migrate to border areas in search of new job opportunities and higher incomes are at risk of exploitation and HIV/AIDS. There is a need to bring certain elements of the Child Law into conformity with the principles and provisions of the Convention on the Rights of the Child. The National Committee on the Convention has initiated this process.

7. Significant efforts have been made to achieve the goals set by the World Summit for Children and the National Programme of Action (NPA), although many of these will remain on the "unfinished agenda" for the next decade. In 1998, vaccination coverage through the expanded programme on immunization reached 85-90 per cent for children under one year of age, and 78 per cent of women of child-bearing age received two doses of tetanus toxoid, resulting in a general decline in immunopreventable diseases. Due to the success of National Immunization Days (NIDs) undertaken since 1996, the transmission of wild polio virus is on the verge of being interrupted. Universal salt iodization (USI) and vitamin A supplementation are expected to reduce micronutrient deficiencies significantly. The 1997 Fertility and Reproductive Health Survey showed that the infant mortality rate had fallen to 71 per 1,000 live births from a 1991 rate of 94. Access to safe drinking water and sanitation increased from 32 and 34 per cent, respectively, in 1990, to 66 and 45 per cent in 1997. Net primary school enrolment rates have increased during the 1990s from 66 to 75 per cent, and the retention rate has reached approximately 40 per cent. Disparities between rural and urban areas, as well as States and Divisions, represent a major challenge to achieving equity in access to basic social services.

Lessons learned from past cooperation

8. Despite a long period of relative isolation and other political constraints, Myanmar possesses good technical capacity and can successfully undertake major initiatives when there are clear objectives and high-level commitment and support, combined with national mobilization and adequate resources. Examples of these are the National Sanitation Weeks, NIDs and efforts to achieve USI and vitamin A supplementation, which have significantly advanced the achievement of the World Summit and NPA goals. Capacity-building of counterparts is required to improve routine services.

9. Cross-border collaboration, such as the joint planning and implementation of NIDs and surveillance of acute flaccid paralysis with China, and HIV/AIDS prevention with other Mekong basin countries, has been fruitful. The approach can be adapted and extended for malaria and issues related to child protection in all border areas, particularly in the Mekong subregion.

10. The transfer of low-cost, affordable and appropriate technologies has been effective in increasing access to safe drinking water and in the construction of sanitary latrines, even among poor households. Private sector involvement has increased the availability of reliable and affordable water and sanitation inputs in the local market, as well as the production of iodized salt.

11. Reaching undeserved areas to reduce disparities must take into account cultural and linguistic diversity, difficulty

of access and communication, limited infrastructure and higher costs of interventions. International NGOs have limited presence and geographical areas of operation, which affect partnerships for programme implementation. This suggests the need for the promotion of strong partnerships with both local and international NGOs.

12. Close contacts with representatives of Executive Board member countries, the diplomatic community and donors — through field visits, briefings, the production of innovative fund-raising materials and donor reports — have helped to create a clearer understanding of the opportunities and constraints in implementing UNICEF programmes of cooperation in the country.

Proposed country programme strategy

13. The overall goal of the country programme will be to create an environment where children and women are protected according to the obligations and responsibilities assumed by Myanmar as a State Party to the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women, and are supported by State institutions to realize their rights to survival, development, protection and participation. It aims to contribute to improving the quality of and access to a minimum package of social services, particularly for those living in selected undeserved areas.

14. The main objectives of the country programme are to: (a) provide undeserved children and women with relevant information and skills on preventive health measures; improve access to a minimum package of essential basic health services to ensure prompt and effective care and treatment of the main diseases and illnesses; strengthen maternal care for safe and clean deliveries; and extend access to safe water and proper sanitation; (b) design and implement cost-effective demonstration models and interventions with the aim of promoting child-friendly households, communities and schools; (c) promote the protection of undeserved children and women, according to their special needs, to safeguard them against exploitation, abuse, hazardous working conditions and the lack of opportunity to fulfil their rights and needs under the two Conventions; and (d) strengthen the capacity of national institutions responsible for the collection, analysis and reporting of data to ensure that the situation of children and women is properly assessed and monitored; and (e) develop comprehensive advocacy, social communication and information strategies to support the objectives of the country programme.

15. There will be three major sectoral components. *Health and nutrition* will comprise universal child immunization; the promotion of the Integrated Management of Maternal and Child Health Initiative; the prevention of sexually transmitted diseases and HIV/AIDS; and the prevention of micronutrient deficiencies and malnutrition. The *basic education and children in need of special protection* component will include early childhood care for survival, growth and development; child-friendly schools; and livelihood and life skills training. The *water, environmental sanitation and hygiene* component will incorporate safe drinking water and environmental sanitation and hygiene. In addition, there will be two cross-sectoral components: *advocacy, information and communication; and planning, monitoring and evaluation*. Specific activities related directly to the Convention on the Rights of the Child will be incorporated in each programme component. The scope of the programme will vary from nationwide coverage to more focused geographical areas based on the availability of resources and the extent of programme actions. Convergence and complementarity will ensure the appropriate use of resources to achieve the proposed objectives.

16. The country programme will employ a mix of interrelated and complementary strategies. There will be advocacy at all levels to promote the fulfilment of the rights and needs of children and women. This will include high-level advocacy for appropriate legislation, policies and plans of action, which will also encourage greater budgetary allocations. Advocacy will also contribute to a clearer understanding among international donors and financial institutions of the conditions under which the UNICEF programme of cooperation is implemented in order to mobilize additional resources. Capacity-building for decision makers and social development partners through participatory training and experience exchange will enhance essential skills for programme management, monitoring and evaluation, upgrading of the data information base, vital registration and communication skills. Community health and education workers in selected townships will receive basic supplies, non-monetary incentives and educational materials to encourage closer interface between the community and service providers. Support for service delivery, in the form of technical assistance, basic supplies and training, will be provided, with a focus on health and education institutions and undeserved populations in both rural and peri-urban areas. This support will be further strengthened by the outposting of staff in strategic locations in the country. Interaction between service delivery personnel and the community will be promoted to facilitate demand creation. Different levels of society will be

mobilized for the participation of children and their communities to achieve greater programme ownership and sustainability, with the support of effective and culturally appropriate communication activities and materials for awareness-raising and information transfer.

17. Alliances and partnerships with national counterparts, NGOs, the private sector and other development partners will be strengthened for concerted action on children's and women's issues. In addition, technical support will continue to be provided to local and international NGOs to strengthen their implementation capacities. UNICEF will continue to participate in the preparation of the Common Country Assessment, in UNAIDS and in inter-agency working groups, thus playing a key role in mobilizing support for children's and women's rights as well as in identifying opportunities for collaborative action with United Nations agencies.

18. The country programme will be reinforced by several multi-agency, subregional programmes, particularly in the areas of HIV/AIDS, Roll Back Malaria and prevention of trafficking of girls and women in the Mekong subregion.

Estimated programme budget

Estimated programme cooperation, 2001-2005[a]
(In thousands of United States dollars)

	Regular resources	*Other resources*	*Total*
Health and nutrition	13 200	13 000	26 200
Basic education and children in need of special protection	9 400	12 000	21 400
Water, environmental sanitation and hygiene	6 100	5 000	11 100
Advocacy, information and communication	2 100	—	2 100
Planning, monitoring and evaluation	2 200	—	2 200
Total	**33 000**	**30 000**	**63 000**

[a] These are indicative figures only which are subject to change once aggregate financial data are finalized.